

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARERudolph V. Hardin

Plaintiff

V.

Warden Thomas Carroll

Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER:

I, Rudolph V. Hardin declare that I am the (check appropriate box)

- • Petitioner/Plaintiff/Movant • • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? • ☒ Yes • ☐ No (If "No" go to Question 2)
- If "YES" state the place of your incarceration Delaware Correctional Center

Inmate Identification Number (Required): 180391Are you employed at the institution? NO Do you receive any payment from the institution? NOAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? • • Yes • ☒ No
- a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.
- b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.
3. In the past 12 months have you received any money from any of the following sources?

- | | | |
|---|---|--------|
| a. Business, profession or other self-employment | • <input checked="" type="checkbox"/> Yes | • • No |
| b. Rent payments, interest or dividends | • • Yes | • • No |
| c. Pensions, annuities or life insurance payments | • • Yes | • • No |
| d. Disability or workers compensation payments | • • Yes | • • No |
| e. Gifts or inheritances | • <input checked="" type="checkbox"/> Yes | • • No |
| f. Any other sources | • • Yes | • • No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.



AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 1/05)

- (a). Worked at prison infirmary for approximately one month received 14.40 - will not continue to receive payment no longer employed.
- (e). My sister sent money orders on 3-28-05 received 80.00 - On 5-4-05 received 50.00 - On 6-3-05 received 80.00 - On 6-21-05 received 100.00 - On 7-26-05 received 100.00 - On 8-30-05 received 50.00 - On 9-21-05 received 50.00 has not heard from her since do not expect anymore money
4. Do you have any cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes" state the total amount \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

None

I declare under penalty of perjury that the above information is true and correct.

March 29, 2006
DATERicky V. Hardin
SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

6 - 420

TO: Rudolph Hardin SBI#: 180391

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account Statement

DATE: March 23, 2006



Attached are copies of your inmate account statement for the months of September 1, 2005 to February 28, 2006

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Sept</u>	<u>24.56</u>
<u>Oct</u>	<u>.02</u>
<u>Nov</u>	<u>.64</u>
<u>Dec</u>	<u>.01</u>
<u>Jan</u>	<u>.0</u>
<u>Feb</u>	<u>.0</u>

Average daily balances/6 months: 4.18

Attachments

CC: File

Stacy Shane
3/23/06

Mani For
by Christina apples
6-17-06

Date Printed: 3/22/2006

Page 1 of 1

Individual Statement

For Month of September 2005

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$50.07
00180391	Hardin	Rudolph				
Current Location:		D/E	Comments:			
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #
Canteen	9/7/2005	(\$36.36)	\$0.00	\$0.00	\$13.71	154450
Misc Wage 109	9/7/2005	\$2.00	\$0.00	\$0.00	\$15.71	154649
Medical	9/9/2005	\$0.00	(\$4.00)	\$0.00	\$15.71	155549
Medical	9/9/2005	(\$4.00)	\$0.00	\$0.00	\$11.71	155603
Canteen	9/14/2005	(\$9.26)	\$0.00	\$0.00	\$2.45	157432
Mail	9/21/2005	\$50.00	\$0.00	\$0.00	\$52.45	160260
Canteen	9/21/2005	(\$2.41)	\$0.00	\$0.00	\$50.04	160435
Pay-To	9/26/2005	(\$10.50)	\$0.00	\$0.00	\$39.54	161764
Canteen	9/28/2005	(\$39.52)	\$0.00	\$0.00	\$0.02	162811
					</	

Total Amount Currently on Medical Hold: (\$12.00)

Total Amount Currently on Non-Medical Hold: (\$24.49)

Individual Statement

Date Printed: 3/22/2006

Page 1 of 1

For Month of November 2005

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.02
00180391	Hardin	Rudolph				
Current Location: D/E		Comments:				
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #
Wage-1099	11/1/2005	\$14.40	\$0.00	\$0.00	\$14.42	177116
Canteen	11/2/2005	(\$13.76)	\$0.00	\$0.00	\$0.66	178816
Canteen	11/9/2005	(\$0.65)	\$0.00	\$0.00	\$0.01	181647
Ending Mth Balance:					\$0.01	
Total Amount Currently on Medical Hold: (\$12.00)						
Total Amount Currently on Non-Medical Hold: (\$24.49)						

SourceName

MO # or Ck #

PayTo INF 9/24-10/23

Individual Statement

Page 1 of 1

Date Printed: 3/22/2006

For Month of January 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.01
00180391	Hardin	Rudolph				
Current Location:	D/E	Comments:				
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #
Supplies-MailP	1/13/2006	\$0.00	\$0.00	(\$6.80)	\$0.01	207941
Supplies-MailP	1/13/2006	\$0.00	\$0.00	(\$6.80)	\$0.01	207942
Supplies-MailP	1/13/2006	\$0.00	\$0.00	(\$5.30)	\$0.01	207943
Supplies-MailP	1/13/2006	(\$0.01)	\$0.00	(\$6.79)	\$0.00	208814
Medical	1/20/2006	\$0.00	(\$4.00)	\$0.00	\$0.00	211749
Ending Mth Balance:					\$0.00	
Total Amount Currently on Medical Hold: (\$12.00)						
Total Amount Currently on Non-Medical Hold: (\$24.49)						

MO # or Ck #

PayTo

SourceName

1/5/06

1/5/06

1/5/06

1/5/06

12/21/05

Individual Statement

Date Printed: 3/22/2006

For Month of February 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.00			
00180391	Hardin	Rudolph							
Current Location:		D/E	Comments:						
Deposit or Withdrawal									
		Amount	Non-Medical Hold		Balance	Trans #	MO # or Ck #	PayTo	SourceName
Trans Type	Date		Medical Hold						
Medical	2/10/2006	\$0.00	(\$4.00)	\$0.00	\$0.00	221924		1/25/06	
Medical	2/10/2006	\$0.00	(\$4.00)	\$0.00	\$0.00	222012		2/8/06	
Supplies-MailP	2/16/2006	\$0.00	\$0.00	(\$5.60)	\$0.00	224075		1/30/06	
					Ending Mth Balance:		\$0.00		

Total Amount Currently on Medical Hold: (\$12.00)

Total Amount Currently on Non-Medical Hold: (\$24.49)